

Leslie, Sheila L.

Assembly

27

Candidate's Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK # IF LOAN
SBC Communications PO Box 11010 Reno, NV 89520	29-Oct-02	500.00	
Lionel Sawyer and Collins 50 W. Liberty Suite 1100 Reno, NV 89501	30-Oct-02	500.00	
NV Association of Mortgage Brokers PO Box 97682 Las Vegas, NV 89193	30-Oct-02	500.00	
Keith L. Lee 3400 Kauai Ct. Suite 204 Reno, NV 89509	30-Oct-02	200.00	
Republic Services of So NV PO Box 98508 Las Vegas, NV 89193	31-Oct-02	250.00	
Republic Disposal Urban Maintenance PO Box 98508 Las Vegas, NV 89193	31-Oct-02	250.00	
Lynn Atcheson 2630 Edgerock Road Reno, NV 89509	02-Nov-02	150.00	
Teachers in Politics 1890 Donald St. Reno, NV 89502	14-Nov-02	500.00	
Wells Fargo State PAC-Nevada 3800 Howard Hughes Pky Las Vegas, NV 89109	25-Nov-02	250.00	
Nevada Credit Union League PAC 9500 Cleveland Ave Suite 200 Rancho Cucamonga, CA 91730	30-Dec-02	500.00	

CAMPAIGN CONTRIBUTIONS**REPORT PERIOD Number 3**

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*Candidate's Name (print)**Office (if applicable)**District (if applicable)***Contributions of \$100 or Less**

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
26-Oct-02	25.00
02-Nov-02	25.00

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
29-Oct-02	25.00

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Expenses Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
**Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

CAMPAIGN EXPENSES**REPORT PERIOD Number 3**

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*Name (print)**Office (if applicable)**District (if applicable)***Expenses in Excess of \$100**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Frances Doherty Campaign PO Box 1727 Reno, NV 89504	J	28-Oct-02	2000.00
Leopard Printing 430 Stoker Ave. #107 Reno, NV 89503	D	01-Nov-02	3943.50
Michelle Hnatuick Graphic Design 3513 Bogside Way Las Vegas, NV 89129	D	02-Nov-02	615.00
Girl Scouts of Sierra NV 605 Washington St. Reno, NV 89503	J	11-Nov-02	250.00
Premier Visa PO Box 80897 Mason, OH 45040	C	11-Nov-02	205.00
Cathy Brewster 3070 Zeus Way Reno, NV 89512	F	18-Nov-02	262.31
Chase Mastercard PO Box 52126 Phoenix, AZ 85072	A	25-Nov-02	164.49
Chase Mastercard PO Box 52126 Phoenix, AZ 85072	B	25-Nov-02	201.62
Step 2 PO Box 40674 Reno, NV 89504	J	01-Dec-02	300.00
Passkey Systems 4395 Polaris Las Vegas, NV 89103	D	15-Dec-02	2762.28
Chase Mastercard PO Box 52126 Phoenix, AZ 85072	C	22-Dec-02	623.85
AT and T Wireless PO Box 6028 Cerritos, CA 90703	A	28-Dec-02	253.04
So Reno News Co. PO Box 5126 Reno, NV 89513	J	29-Dec-02	120.00
ATandT Calling Card PO Box 44183 Jacksonville, FL 32231	A	29-Dec-02	111.88
Chevron PO Box 5010 Concord, CA 90703	C	03-Jan-03	118.87

CAMPAIGN EXPENSES

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Expenses of \$100 or Less

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
25-Nov-01	6.00	A
30-Oct-02	50.00	J
01-Nov-02	65.00	D
11-Nov-02	56.00	B
14-Nov-02	100.00	C
02-Dec-02	15.00	A
29-Dec-02	82.84	A
30-Dec-02	65.00	J

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
29-Oct-02	39.44	A
30-Oct-02	38.00	J
01-Nov-02	100.00	B
11-Nov-02	25.00	J
18-Nov-02	10.02	A
03-Dec-02	36.63	D
29-Dec-02	64.50	A
30-Dec-02	35.00	J

IN KIND CONTRIBUTIONS AND EXPENSES REPORT

NRS 294A.362 REQUIRES IN KIND CONTRIBUTIONS AND EXPENSES TO BE REPORTED SEPARATELY. REPORT ALL IN KIND CONTRIBUTIONS AND EXPENSES ON THE FOLLOWING PAGES.

IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient, a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expenses to be reported.

CAMPAIGN CONTRIBUTIONS**REPORT PERIOD Number 3**

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CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK # HERE IF LOAN

CAMPAIGN CONTRIBUTIONS

REPORT PERIOD NUMBER

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District (if applicable)

IN KIND

Contributions of \$100 or Less

DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION

CAMPAIGN EXPENSES**REPORT PERIOD Number 3**

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*Name (print)**Office (if applicable)**District (if applicable)***IN KIND****Expenses in Excess of \$100**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE

CAMPAIGN EXPENSES**REPORT PERIOD Number 3**Leslie, Sheila L.Assembly27*Name (print)**Office (if applicable)**District (if applicable)***IN KIND****Expenses of \$100 or Less**

DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE	DESCRIPTION OF EACH IN KIND EXPENSE